

## Problems of selecting donors for artificial insemination

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*This paper is concerned with only one of the problems encountered in selecting donors for artificial insemination, that of choosing suitable donors. In Belgium medical students have generally been the donors of semen but Dr Schoysman examines the other choices of potential donors and outlines certain criteria for selecting them: these criteria are more explicit than those outlined by Professor Kerr and Miss Rogers on page 32. He also touches on the question of payment to donors.*

### Criteria for selection of donors

A suitable donor must be less than 30 years old and must have at least two children, who must be in good health. A history of repeated abortion in the wife is unfavourable, as also are histories of congenital disease or mental disease in the donor's family. The donor must be intelligent and must have a close physical resemblance to the male partner of the receiving couple. The donor must also be available and be willing to give samples of semen after an adequate period of sexual abstinence. Finally, he should be of a good and stable personality.

Medical students hardly fulfil all these conditions and especially the condition stipulating that the donor should have fathered offspring. Usually students are not yet married or, if they are, have postponed having children.

Another problem that makes the choice of the medical student as a donor difficult is the fact that the student is not always available. He usually studies in a department of gynaecology for a fairly short time. If he leaves the department before a pregnancy is obtained in a given couple this means that for that particular couple another donor has to be looked for. This situation is unpleasant because it is always better to know exactly who the donor was for a given couple. Most colleagues who use fresh semen are faced with the fact that on the given day the donor may not be always available. (These problems can be overcome, however, by the use of sperm banks.)

### The intelligence of the donor

Frequently the question is raised about the genetic implications of the level of intelligence of donors. Not only do we systematically look for donors who

are intelligent but we have come very quickly to the conclusion that only intelligent people understand what it is all about and can contribute to this work. The risk of using a man with an inadequate IQ is non-existent if we are scrupulous about obtaining informed consent from donors. Selection is automatically made by the males themselves who are asked to contribute, since a person of lower IQ, even if asked to help, would not consent.

### Should the donor's wife be informed?

The necessity for the donor to be a man of known fertility raises the problem whether or not the wife of the donor should know about his contribution to an unknown couple. This we leave entirely to the donor himself but we know that those who come to give semen regularly have informed their wives about their visits to our clinic and the wife has accepted this point of view. It takes a lot of generosity and understanding from the wife to accept that other couples, whom she does not know, will become fertile and enjoy having children thanks to her husband's semen.

### Where to look for donors

Since the use of medical students is inadvisable the best place to look for donors is in fact the maternity ward. The family history of all cases is recorded and the age of the fathers is well known as well as their general health condition and type of job. It is also known whether the offspring are in good health and whether there have been malformations or abortions during earlier pregnancies. Therefore, the ideal method is to attend maternity wards at visiting hours and to ask to have a conversation with the new father. It is best to tell him with precision what it is all about and leave it to his personal feelings whether he wishes to contribute or not. As a rule, the new happiness of a recent birth makes the man an attentive listener even if after some time for reflection other viewpoints change his mind and discourage him from renewing contact. As a rule most of the husbands declare that they have to talk about it with their wives and this again causes the loss of a certain number of candidates. In practice one should not expect, after asking 100 males to contribute, that more than ten readily accept the idea and will henceforth be valuable donors.

## **Semen collection**

In recent periodicals that offer so-called 'information' by presenting popular accounts of medical problems one sees occasionally pictures of donors who are reading some lascivious periodical in order to be 'in the mood' to give a semen sample. An organization like this, if it really does exist, degrades the approach we take to the entire problem. We have obtained so far close on 400 pregnancies by donor insemination, and the semen samples of the donors are always obtained in a discreet but matter-of-fact way.

The semen sample has of course to be obtained by masturbation. For those males for whom masturbation is an ethical problem the solution is very simple: they cannot become donors. There is never an obligation to become a donor.

## **Should the donor be paid?**

Occasionally one encounters in the literature the story of a man who acts secretly as a donor and thanks to this has a large income and an impressive bank account. Stories of this kind contribute to the notion that donor insemination is an ethically unacceptable proceeding.

We believe that the donor should be paid and that there is no ethical argument against this. To those who believe that the contribution, from a human point of view, would be more valuable if no financial problem existed, we answer that exactly the same reasoning can be applied to medical work. There is no doubt that the doctor who takes no fee will gain the reputation of a saint, but this by no means makes us consider accepting medical fees to be unethical provided they are proportionate to the nature of the service rendered to the patient.

The donor, especially for those colleagues who use fresh semen, has to be willing to be available at unforeseen times. The ovulation of a given woman may be postponed for a period, causing inconvenience to both doctor and donor. We feel therefore that if the donor is willing to refrain from intercourse for several days and occasionally sacrifices a weekend to come and bring a semen sample to the clinic or to the gynaecologist's consulting room he should be rewarded.

## **How many times should a donor be asked to contribute?**

The answer on this problem depends on the type of community in which the gynaecologist is working. If, for instance, a clinic deals with the population of a single city, the neighbouring cities being well provided with donors, then the constant use of a small number of donors may automatically lead to problems of future consanguinity in the offspring. This means that one of the children obtained by donor insemination may marry the child of the

donor. Nevertheless, commonsense should still make us keep in mind the following consideration: in a country such as Belgium, for instance, where we are close to ten million people and where we have an average of 100 to 125 pregnancies a year, there is no doubt that there are a large number of children obtained by extramarital relations. So the condemnation of artificial insemination in view of future consanguinity is obsolete and irrelevant.

## **Should the donor know about the result of the inseminations with his semen?**

It is obvious that the couple who receive the child must not know who the donor is and the same applies to the donor. Not only do we believe that the donor should never know who the recipients are but we do not even tell him whether there was a success or not. To tell the donor, for instance, that a boy has been obtained thanks to his contribution may be accepted without comment at the time when this information is given to him, but if in the future something happens to his own children it is very likely that later in life he will be troubled by the fact that somewhere there is another child of his alive. So the donor is given no information. He contributes by giving a semen sample but there is no reason whatsoever that he should know the result.

## **Should a donor be accepted if proposed by the sterile couple?**

Considering what we have just said about the information given to the donor it is clear that when an infertile couple proposes a given male one should be extremely reluctant to accept this suggestion. However, it can happen that a husband asks us to use his brother as a donor. We have also been faced with a request to use the husband's father.

In two instances where the request concerned the brother we accepted it after carefully evaluating the entire problem. In order to limit as much as possible future indiscretions the wives both of the donor and of the receiving couple were not made aware of this decision. Considering that the result from these two particular cases is the creation of happy family relationships, we have no regrets.

There remains a last point to be kept in mind. With regard to the couple who demand insemination one feels responsible for the choice of the donor. On the other hand this responsibility applies equally for the choice of the receiving couple. If the couple are very simple-minded people who are unlikely to be able to give the child the intellectual chances in life that he might have under better circumstances, then the proposal has to be dropped. This may seem a hard or cruel attitude to some people but we must also bear in mind that medical ethics play a part in the general mental health of a population.